COUNTY OF LEHIGH – OFFICE OF THE CORONER

Scott M. Grim, D-ABMDI

Coroner

Cremation Authorization/ Anatomical Donation Request

Office 610 782-3426 • Fax 610 820-8271

☐ Cremation Authorization ☐ Anatomical Gift Donation Request

Decedent Demographics

First Name _____ M.I. ____ Last Name _____ AGE ____ Date of Birth _____

Mailing Address _____ Political Subdivision of Residence _____

City _____ State ____ Zip Code ____ Social Security Number ____-____-____

Race _____ Marital Status _____

Death Information

Place of Death _____ Date of Death _____ Time of Death/Pronouncement _____

Political Subdivision of Death _____ City / State / Zip of Place of Death _____

Cause of Death:

(a) _____

(b) _____

(c) _____

(d) _____

Manner of Death: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Could Not be Determined ☐ Pending Investigation

Certifier of Death _____ ☐ Physician ☐ Coroner

Phone Number _____ Address _____ City _____ State _____ Zip _____

Funeral Home Information

Informant's Name – First _____ M.I. ____ Last Name _____ Relationship _____

Informant's Phone Number _____

Funeral Home _____ Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Crematory Facility Name _____

Person requesting Cremation Authorization _____ Position _____

Authorization

(Coroner's Office Staff Use Only)

Date _____ Time _____ Authorization #: _____

Cross Reference Case Number: J 20____-____ NJ 20____-____

Date of Authorization: _____ Time of Authorization: _____ Deputy: _____